SOME PERSONAL OBSERVATIONS

ON

THE WORK OF LAWSON TAIT

TOGETHER WITH

REPORT OF FIVE CASES OF ABDOMINAL SECTION BY THE WRITER.

BY

A. VANDER VEER, M.D.,

PROF. SURGERY,

ALBANY MEDICAL COLLEGE, ALBANY, N. Y.

Reprinted from THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN, Vol. XVIII., No. 7, 1885.

NEW YORK:
WILLIAM WOOD & COMPANY, 56 & 58 LAFAYETTE PLACE.
1885.

SOME PERSONAL OBSERVATIONS

ON

THE WORK OF LAWSON TAIT

TOGETHER WITH

REPORT OF FIVE CASES OF ABDOMINAL SECTION BY THE WRITER.

BY

A. VANDER VEER, M.D.,

PROF. SURGERY,
ALBANY MEDICAL COLLEGE, ALBANY, N. Y.

Reprinted from THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN, Vol. XVIII., No. 7, 1885.

NEW YORK:
WILLIAM WOOD & COMPANY, 56 & 58 LAFAYETTE PLACE.
1885.

SOME PERSONAL OBSERVATIONS

ON

THE WORK OF LAWSON TAIT,

TOGETHER WITH

REPORT OF FIVE CASES OF ABDOMINAL SECTION BY THE WRITER.[1]

I AM free to confess that seldom have I had so strong and favorable an impression made upon me by any stranger as I received in meeting Mr. Lawson Tait at his private hospital in Birmingham, England.

A short conversation convinced me of being in the presence of an original thinker, and later, when the opportunity to see him operate was given, there was ample proof presented ofhis being a careful, cautious, great surgeon.

His book on "Diseases of the Ovaries" I had read and studied with so much benefit that I was somewhat prepared to grasp the hand of a practical worker, but in no sense did I fully understand the acuteness of his investigations, the ingenious methods of operating he possesses, and the far-reaching scope of his present work.

His hospital is a model of all that one could wish regarding quietness, cleanliness, and perfect system, not only in nursing, but in everything. This discipline is the out-growth of years

[1] Read at Meeting of the New York State Medical Society, February, 1885.

of hard work and close application, and yet Mr. Tait is scarcely forty years of age.

He has described quite fully in his book the necessary preparations incident to an operation, and yet to witness all is a study. Everything is arranged by the nurses after being told of the nature of the operation and the hour of operating.

He selects young, intelligent, and prepossessing women whom he trains for the work he so much enjoys, and they in their desire to learn and please become true enthusiasts in the struggle to save life. He will not have morose, untidy, or homely women as nurses.

Mr. Tait enters the room, and almost at a glance tells whether all required instruments are selected. He brings his bag of carefully prepared sponges and, counting them again, tells the assistant nurse their number, and she is held responsible for them. So also in regard to the number of forceps and other instruments.

The following is his method of preparing the sponges, and but one person is trusted to do this:

New sponges are first put into a large quantity of water with sufficient muriatic acid to make the water taste disagreeably acid.

They remain in this mixture until all effervescence has ceased and all the chalk is removed. For this purpose it may be necessary to renew the acid several times.

The sponges are afterwards carefully and thoroughly washed to make them as clean as possible and free from every rough particle.

After being used at an operation, they are first washed free from blood, and then put in a deep jar and covered with soda and water (one pound of soda to twelve sponges). They are left in this about twenty-four hours (or longer if the sponges are very dirty), and then they are washed perfectly free from every trace of soda.

This takes several hours' hard work, using hot water, squeezing the sponges in and out of the water and changing the water constantly. Leaving them to soak for a few hours in very hot water greatly assists in the cleansing.

When quite clean, they are put in a jar of fresh water containing about one per cent of carbolic acid, and after being in this for twenty-four hours they are squeezed dry and tied up in

a white cotton bag, in which they are left hanging from the kitchen ceiling (being the driest place in the house) till they are wanted.

His hospital bears every evidence of good plumbing and careful ventilation. No extra furniture is allowed in any room. Rugs in place of carpets are used, except in the halls and on the stairs, where carpets with matting may be seen. The rooms, by reason of brick partition-walls, are exceedingly quiet. There are beds for twenty-two patients, and these are kept constantly filled. (He is now building a large addition for greater accommodation.) Aside from true gynecological work, he occasionally does other surgical operations of which I shall speak later.

Rooms are thoroughly cleansed after each patient leaves, and no display is made of any particular antiseptic in so doing. Nurses and attendants go about with cheerful faces, but no noise. Mr. Tait himself, when going through the rooms visiting, makes but few remarks aside from what is required in dictating treatment, etc., and although a man who enjoys a well-told story and general conversation, indulges in no talk here. I was strongly impressed with the fact that his own dwelling house adjoins his hospistal and communicates with it, and when a case goes badly he is promptly on hand, trusting to no one else to right matters.

In his operations he has a lady physician to administer the anesthetic (his preference he has already told us in a recently printed address), and one male assistant whose position is directly opposite him and yet who is seldom allowed to handle any of the sponges or instruments, only assisting when the abdominal walls are being opened and in ligating the pedicle, appendages, or adhesions, depending upon the nature of the operation and its complications.

He operates standing at the right side of his patient and has his instruments and sponges on the same side within easy reach.

Patient is placed upon a narrow table, legs and arms fastened in the ordinary manner, but no rubber protective used.

CASE I.—*Fibroid Tumor, Solid—Supra-Vaginal Hysterectomy —Recovery.* The first operation I saw him do July 8th, 1884, was for the removal of a fibroid as large as a quart measure, and filling the cavity of the pelvis, but freely movable upwards. He did

not make a very long incision considering the size of the tumor, and it is my belief that he prefers to get along with as short a cut as possible. I was struck with the easy manner in which he opened the abdominal walls, and by means of his modified Koeberlé's scissors-forceps, controlled the hemorrhage and lifted up the layers of tissue, pausing only on reaching the sub-peritoneal fat to see that all hemorrhage was thoroughly controlled, and then his free incision in the peritoneum was exceedingly neat.

The patient was a married lady, about forty years of age, who had suffered for nearly five years from severe hemorrhages. Mr. Tait at first intended to remove only the uterine appendages, but finding them adherent and closely attached to the tumor, he decided to remove all by supra-vaginal hysterectomy.

After the tumor was well exposed, he slipped over the,fundus and about its neck his rope écraseur, drawing it tightly, and it was then I saw an instance of the operator's originality in that he took an ordinary corkscrew, large, heavy, and with broad flanges, and screwing it directly into the fibroid, lifted it outside the abdominal cavity with comparative ease, thus far having passed only two fingers into the cavity of the abdomen, as done at first to examine appendages and to arrange rope of écraseur. He now placed about the neck of the tumor or rather uterus his wire clamp, and when well secured, the rope was removed, and tumor cut away with scissors, scarcely any hemorrhage being observable.

The peritoneum and tissues were now, after Bantock's method, as stated by Mr. Tait, brought together by sutures, thus in a measure covering the stump amputated. Incision in abdomen was closed by interrupted sutures, the cavity of pelvis being sponged dry, feeling assured that no bleeding had occurred, or was now going on from edges of the stump. Incision was dressed by simple Gamgee pads of absorbent cotton and gauze, held in position by adhesive plaster. The operation lasted nearly an hour, and the patient was put to bed with cans filled with hot water placed about her, reaction coming on promptly. She was soon conscious, with scarcely anyvomiting following. Was allowed only warm water to sip, little being given forthe first twenty-four hours.

In the beginning of this operation, both Mr. Tait and his assistant were careful to wash their hands in pure water and soap, the instruments were in warm water, as also the sponges, with no other antiseptic precautions of any kind. Two nurses were given this patient exclusively, the temperature and pulse taken every six hours, and absolute rest afforded. In the hall on the door was the request to walk without making any noise. July 10th I saw this patient, and witnessed the dressing of the wound. It consisted simply in wiping away the secretions, no pus, and reapplying the pads and plaster. She had had after the operation a rectal suppository of opium; also three or four full doses morphine in the mean time by the mouth.

Temp. 38.7° C. (101.6° F.). Pulse 88. Had had several rectal injections of turpentine, and passed flatus quite freely. No distention of abdomen. Had a good expression of face, and was assured by Mr. Tait that she would surely recover. Passed urine freely; catheter not used.

I saw this patient a number of times during the following two weeks. The clamp and slough came away on the eighth day; very little discharge of pus from the wound at any time, it being dressed with Syme's red wash, pledgets of absorbent cotton wet, and these changed quite frequently.

This wash consists of sulph. zinc., gr. iij.; comp. tr. cinch., ℥ i.

She made a good recovery. Her worst time was the second night, when pain in the abdomen grew very severe, and Mr. Tait ordered promptly two hypodermic injections morphine of ½ grain each, giving relief and the necessary rest.

CASE II.—*Uterine Myoma—Removal Uterine Appendages—Recovery.* Mrs. P., aged 40. Married. Had a uterine myoma about the size of a cricket ball. Suffered from severe and repeated hemorrhages. July 9th, Mr. Tait, by short incisions, using first and second fingers of the left hand to draw them out, removed entire uterine appendages, ligating them by his Staffordshire knot. Very little sponging of the pelvic cavity was required. Some embarassment in getting hold of appendages by reason of the omentum being in the way. Mr. Tait does not hesitate to place small and the large flat sponges freely in the abdominal cavity as needed to keep the contents back from incision and out of the way. Chloroform was given this patient. She made a good recovery in ten days, but there were two or three small stitch-hole abscesses which healed kindly under the use of the red wash. She was kept exceedingly quiet, as are all his patients.

CASE III.—*Removal of Uterine Appendages for Excessive Hemorrhage due to Myoma—Recovery.*

Mrs. B., aged 47. Tumor nicely filled cavity of the pelvis, but was freely movable. Ether given. Short incision. Little bleeding. No adhesions. Ovaries easily reached, tubes ligated at about the middle portion by Tait knot. Four sponges in abdominal cavity, and more to keep intestines back. Wound closed with five sutures, long needle to carry suture silk. Operation lasted from six to ten minutes. In this case Mr. Tait emphasized the simplicity of the procedure, the grave nature of the ailment, the certain death toward which the patient was tending under any and all forms of medicinal treatment, and the almost positive cure that would probably result. Patient did not have an untoward symptom, and made a good recovery.

CASE IV.—*Malignant Papillomatous Growth, Left Broad Ligament—Abdominal Section—Closure—Recovery.* Mr. Tait is one of the attending surgeons or gynecologists at the Woman's Hospital, Birmingham. With him I visited the institution July 11th. The patient was Mrs. A., aged 50, in the diagnosis of whose case Mr. Tait was in great doubt. He said that in such cases he did not hesitate to open the abdominal cavity and explore. Accordingly, he proceeded to make an abdominal section, patient having taken ether, and found on examination that she had a malignant papillomatous growth from the left broad ligament with a small parovarian tumor from right side which he tapped, but did not remove. He also removed

through incision a large amount of ascitic fluid, and then closed the wound. Patient recovered, but Mr. Tait thought she would die in two or three months.

CASE V.—July 12th. *Hemato-salpinx—Recovery.* Mrs. E. K., aged 30. Married two years. No children. Menses began at the age of eighteen. Was very ill just before. Menstruated every five weeks, and did go as long as three months. Always suffered great pain at such times. Pain mostly in left side and back. Had been under physicians' care most of the time up to her marriage. December 25th, 1883, her physician thought she had suffered a miscarriage at two months. She did not think so, having the same old pain and nothing different, but she continued to flow for nine weeks, and then ceased for only a short time; then it increased and grew worse during stated days, never entirely ceasing up to the day of the operation, she being in great pain most of the time. Could not be on her feet and able to walk but little. March, 1884, was in bed three weeks; April, two weeks, and in May and June a good share of the time. Mr. Tait saw her July 1st, and after getting history, believed it to be a case of hemato-salpinx, and advised an immediate operation for removal of uterine appendages. To this she consented, and entered his private hospital.

I had an opportunity to examine the patient with Mr. Tait just before he began the operation, and could make out a well-defined tumor to the left of the uterus in Douglas' cul-de-sac. Chloroform was given. Same incision. Few adhesions. Right ovary and tube apparently normal. Left tube much enlarged, and, on lifting it up from the attachments, the sac ruptured, and the contents escaped into the peritoneal cavity. The incision was enlarged, the tube tied close to the uterus, and with ovary removed, and the cavity then thoroughly washed out with *plain* tepid water by means of a siphon. Drainage tube was placed in lower end of the incision after the pelvic cavity was well sponged, and the incision closed in the ordinary way. It was interesting to observe the clots of blood that the washing-out process brought away, and which Mr. Tait asserted it would be almost impossible to sponge out. The drainage tube was cleaned every three hours by the suction of a bulb syringe with long tube. It was left in only about thirty-six hours, and, no longer filling, was removed. The temperature did not rise above 99.32°, the pulse above 88.

I saw her almost daily. On the sixth day all stitches were removed by the nurse; complete union. And on the 23d she was practically well. Passed urine with some pain, but no catheter used. On the 21st, she had slight pain in side, which Mr. Tait said would surely come on occasionally, and especially now, as it was about the day for her regular period.

This case would have died soon from exhaustion, or, had the the cyst ruptured, from acute peritonitis. I can only say that to me the operation was a novel and interesting one.

Case VI.—*Pyo-salpinx—Second Operation—Removal of Tube and Ovary.* July 13th, Mr. Tait removed the left tube and ovary for pyo-salpinx from a young married lady upon whom he had operated two and a half months previous for removal of uterine appendages; right side same condition. Soon after first operation she began to have pain in left, and would not wait longer for second operation, having received so much benefit from first. Incision was made directly in old cicatrix. This patient had for years suffered great pain in right side for two or three days before the flow began. Did not learn result.

Mr. Tait regretted he did not remove both tubes in first operation, but his rule always is to leave, if there be one, the the healthy tube and ovary. Says he has had occasion several times to open the same abdomen a second time, and does it in the line of the old incision and has always secured good union.

Case VII.—*Abdominal Section—Sarcoma—Incision closed—Recovery.* July 14th, Woman's Hospital. Mrs. C., aged 42. Twice married. One child by first husband, now eighteen. Tumor from left side, and rapid in growth. Some doubt as to diagnosis. Abdominal section made, and tumor found not to come from uterus, but to be a sarcoma from cavity of the pelvis. Very large vessels on its surface, and running into it. Tumor underneath peritoneum. Declined to operate for its removal, as in such cases death from immediate hemorrhage is very probable. He had operated recently in a similar case on a lady from California who died in twelve hours after from bleeding that it seemed impossible to control. Incision was closed, and wound healed kindly.

Case VIII.—*Abdominal Section—Cancer—Incision closed—Recovery.* July 18th, Woman's Hospital. Mrs.——, aged 26. Married. No children. Had suffered much for over a year. Abdominal section for exploration. Found a case of soft cancer confined to the cavity of the pelvis, implicating nearly all the organs there. Nothing done. Incision closed. Patient doing well on sixth day, when stitches were removed. A few stitch-hole abscess

Case IX.—*Double Hemato-Salpinx—Removal Uterine Appendages—Recovery.* July 21st, 10 A.M. Miss B., aged about 36. Ten years before had been under his care for two or three years for uterine trouble, when he tried everything without doing her much good, and, patient growing tired, ceased to come. She tried many other physicians without any benefit, and then entered Woman's Department of General Hospital for two years with no good resulting. Money now gone. She returned to Mr. Tait, who resolved to make an abdominal section, and see what there was there. I assisted in the operation, and the case was found to be a double hemato-salpinx. Entire uterine appendages removed. Short incision. Wound closed in ordinary manner, and on the seventh day this patient was really well. Mr. Tait was greatly

pleased over this case, and felt sure recovery would be free from all suffering. All previous treatment by pessaries, etc., had been of more harm than good. Operation alone will do good.

CASE X.—*Ovarian Cyst—Recovery.* July 21st, 5½ P.M., Miss E., aged 24. Two years' history ovarian tumor from left side. Never tapped. Short incision. One slight adhesion. No vessel tied. Long pedicle secured by Tait knot and returned. Entire operation lasting about twenty minutes. Good and rapid recovery, although patient was more nervous after operation than any case I observed in his hospital.

CASE XI.—*Ovarian Tumor—Recovery.* July 22d, Mrs. ——, aged 56. Ovarian tumor of about three years' duration. No tapping, but in that time tumor had ruptured two or three times. No evidence of peritonitis either time. Ordinary operation in every respect. No adhesions. Good pedicle. Recovery.

CASE XII.—*Hydro-salpinx—Removal Uterine Appendages—Recovery.* Miss ——, aged 20, had suffered much pain the past two or three years, also severe flowing. Abdominal section. Hydro-salpinx, both tubes and ovaries removed. Myoma in fundus uteri, but not disturbed. In the right one of the appendages were observed well-defined calcareous deposits which Mr. T. always finds have been previously associated with much pain. This patient recovered rapidly.

CASE XIII.—*Tubal Pregnancy—Abdominal Section—Recovery.* July 23d, Woman's Hospital. Mrs. D., aged 30, has one child. Began to menstruate at 16, and has always suffered pain which grew worse after the birth of her child. For the past two years the pain has been severe and constant. During the preceding two months was not sure whether she had menstruated normally or not. For the last week, and within a few days, the pain had markedly increased in right side. Mr. Tait, thinking it might be a case of pyo-salpinx, made abdominal section. Very much trouble was experienced in getting through the peritoneum. The walls of the abdomen were fat, and the tissues very loose. On reaching the right tube, he found cyst had ruptured, that there were a number of clots in pelvic cavity and, after a little search discovered, by feeling head of fetus, that it was a case of tubal pregnancy. This, together with ovary and tube toward uterus, was removed, then the left tube, which was much distended and presented all the appearance of pyo-salpinx, with ovary, was also removed. Abdominal and pelvic cavity was then thoroughly washed out with tepid water by means of siphon, many well-organized clots being found. The wound was closed in the usual way, and drainage tube placed in lower portion. Fetus showed she was near the end of her third month of pregnancy. Mr. Tait has since told me this patient made a good recovery. Can one imagine a more practical and successful method of treating such a case?

CASE XIV.—*Intestinal Obstruction—Abdominal Section—Death.* Second patient for the day. Mrs. M., aged 57,

married. Three years before, for severe uterine hemorrhage due to a large myoma, Mr. Tait had removed the appendages, the patient recovering her full health and remaining perfectly well up to within four days previous to date, when, after a tiresome day's work, the patient suffered pain in abdomen and began to vomit, and later experienced all the symptoms of obstruction of the bowels. She could not be relieved by her physician, Dr. Hollywoods, and this morning, Wednesday, after fecal vomiting had commenced, she was sent to the hospital. Abdominal section was made through old scar, the union being so perfect that it did not seem to differ from the ordinary incision. Peritoneum reached without any trouble. No adhesions to stump on either side of the uterus. Myoma about the size of an average orange and very low down in the pelvis. Not much distention of abdomen. On careful examination the point of obstruction could not be found. Mr. Tait now believed the case to be peritonitis only. No effusion of lymph, but considerable serum escaped from abdominal wound. He decided to do what he had seen result in the recovery of the patient in a similar case and proceeded to open the ileum at its most prominent fold, as it appeared in the incision. Through this and on introducing a large rubber drainage tube (suggestion made by Miss Annie E. Clark, M.D.), there escaped a great quantity of gas and much fluid, the abdomen becoming flattened at once. The intestine was drawn down and kept well outside the wound, and during the evacuation of the contents of the bowels, nothing was allowed to escape into the peritoneal cavity. The wound was next closed in the ordinary manner, including the edges of the incised bowel, with the peritoneum to edges of incision, a free opening in the bowel having been made in which the drainage tube rested. No glass tube in lower end of abdominal section. Patient reacted from ether and appeared very much relieved and better that day. Mr. Tait has since informed me that she died from apparent exhaustion on the second day.

This is the method he adopts and would recommend in all cases of intestinal obstruction where it is impossible to locate the constriction. Would advise operating early, and before the patient is too much exhausted.

Case XV.—*Soft Myoma—Unsuccessful Attempt at Removal of Uterine Appendages—Recovery.* Third case for the day. Private hospital. Mrs. K., aged 30. Has suffered pains in the pelvis for years; the past three most of her time spent in bed, almost a confirmed invalid. Has a large, soft myoma, from which there is not such excessive hemorrhage; but, in order to bring about her menopause and stop suffering, Mr. Tait had advised the removal of the appendages. Patient stated she feared he would find more trouble than he expected.

Abdominal section was made, but tumor so covered by peritoneum that it was very difficult reaching the tubes. Only a section without the ovary was taken from left side. This Mr. T.

had seen bring about the desired result and stop menstruation. Could not find right; enlarged the abdominal incision, and then bringing tissues under observation, was so much in doubt between the intestine and enlarged Fallopian tube, that he decided to go no further, and to close the wound, which was done in the usual way. Though the tissues were much handled and torn somewhat, yet he thought this case not much more than ordinary section. Many sponges were at times passed into the abdominal cavity. Miss Dr. Clark, who had examined the patient, thought the pain came mostly from the right enlarged tube. The nurses were instructed not to tell the patient her true condition. This Mr. Tait always prefers doing after the patient has recovered from the abdominal section. The patient recovered.

Mr. Tait says he has great trouble in treating these soft myomas, and it is among them his unsuccessful results have occurred. In this case it was impossible to do a hysterectomy, as is often the condition, nor can enucleation be practised.

In addition to the cases just reported, I saw Mr. Tait in his own hospital explore the abdominal cavity of a young man of 20, suffering from sarcoma of the mesentery. First thought it might be a cystic kidney, but excluded this after using trocar of the aspirator. Patient died about nine hours after, although he was cheerful, coming out from the ether nicely, passing urine, and apparently doing well. Mr. Tait is not fond of using the aspirator, and thinks in this case it had as much to do with patient's death as had the abdominal section.

I also saw him operate for closure of fistula from gall-duct, the remains of a previous cholecystotomy done nearly a year before. Unsuccessful; escape of bile forcing the wound open the second day. Said he should try it again, as the fecal evacuations showed plenty of bile. Female, aged 60.

He also operated for removal of female breast. Scirrhus. Mrs. ——, aged 35. In this case he showed the same dexterity and rapid method of operating as in his abdominal sections. Closed the wound, or rather brought the flaps together, by means of the continuous suture, using rubber drainage tube full length of incision; applying Gamgee pads with adhesive plaster. No attempt at the use of antiseptics. This patient did well, getting nearly primary union.

These cases Mr. Tait regards as his most unfortunate and unpleasant ones, as the disease is almost sure to return in one or two years.

Some of his private cases impress one greatly. I saw a young lady upon whom he had done an ovariotomy only four

days before, reading her novel with the greatest composure possible.

An old lady, aged 64, a case of ovariotomy, with many adhesions, going home on the fourteenth day well.

He also prefers to operate upon vascular tumors of the meatus by means of the thermo-cautery.

These are, of course, special cases, but in every instance the whole tone of his hospital is to give the patients the greatest amount of encouragement and get them well as fast as possible.

At the Woman's Hospital I saw him operate for closing an old rupture of the perineum by his peculiar method. Says his cases have always done well. In the operation uses only crooked scissors, curved needles with handles, and silver wire. Operation very short, quickly performed.

Mr. Tait does not give very much time to the examination of his patients as a general thing. His manner shows him to have unbounded confidence in making the abdominal section, and then treating whatever he may find.

He is an exceedingly rapid but safe operator. If he had never given us anything more than the Staffordshire knot, he would ever command the respect and consideration of our entire profession. I believe the manner in which he prepares his sponges has very much to do with his success.

In continuation of this paper, I wish to present the record of cases occurring in my own practice, and mostly at the Albany Hospital, since my return in September, partly from notes taken by Dr. Babcock, Assistant House Physician, and medical student Larkins.

Case I.—*Ovarian Cyst—Recovery.* I first saw this patient in the early part of April, 1884, at the house of another patient whom I was visiting. Mrs. W——. Family history good. Aged 32. Married. Residence, East Worcester, U. S. Presented herself at the hospital as a private patient May 7th, 1884, at which time she was tapped. Her feet and legs were much swollen, and while examination of the urine revealed the kidneys as being healthy, yet, to complete the diagnosis, it was thought best to tap.

The tumor had been troubling her for some three and a half years, having increased rapidly in size the first six months, and after that more slowly. Says she thinks the enlargement began in the left side low down.

On May 7th, 1884, a trocar was introduced, and thirty pints of a dark, syrupy fluid were withdrawn. Patient suffered but little shock from operation, and said that she had not felt so easy for three years. Pulse was accelerated, but there was no rise of tem-

perature. She left the hospital May 14th, feeling greatly relieved.

October 15th, 1884, she again presented herself, and this time for an operation by removal of the cyst.

The room was thoroughly prepared by walls and floor being washed with soap and water, new bedding placed upon the bed, and then what little furniture there was, together with the walls, thoroughly carbolized by means of the carbolic spray. The room was large, and contained an extra bed for the nurse. Patient received a bath on the morning of the operation, and her bowels were thoroughly moved by means of an enema. The operation began 12.20 P.M., October 16th, and occupied forty-five minutes. I was assisted by Drs. Snow, Boyd, Ward, and Townsend. Four other persons, two being medical students, were present, thus making ten in the room. The tumor with contents weighed thirty-six pounds, and came from the left ovary. The pedicle was of fair length, tied by Tait's knot, cut short, and dropped back into the peritoneal cavity. On examination, the right ovary was found diseased and enlarged, and was removed in the same manner. There were no adhesions, and although the patient had had quite severe pains on returning home after the first and only tapping, we yet had reason for congratulation that no evil had resulted. Very little sponging of the abdominal cavity was required, and but few sponges were introduced, principally the flat one to keep the intestines back. Immediately after the operation, the patient was put to bed, and hot-water cans placed at her feet. She recovered from the effects of the ether very nicely, but was somewhat troubled with nausea. Brandy and warm water were given her three times, and then discontinued.

At 2.30 P.M., a hypodermic injection of morphine, $\frac{1}{4}$ grain, was given.

At 10.30 this was repeated.

Not being able to pass her urine, it was drawn with a catheter at 5.30 P.M., and at intervals of three hours during the night. Through the night she took sips of cold water and was fairly comfortable, considering the noise outside due to a political parade.

October 17th.—Milk toast. Two small slices.

9 A.M. Fl. ex. dig., ♏ xvi.
Aquæ, fl. ℥ ij.
Sig. ℥ j. every two hours.

9.30 P.M. Hypodermic morphine, $\frac{1}{4}$ gr.

October 18th, 10.30 A.M. Mutton broth. 11, medicine. At intervals she took toast and broth.

4.10 P.M. She passed water without catheter.

5.30 P.M. Passed catheter again, as she so much desired to urinate.

6.30 P.M. Hypodermic. A hypodermic was given about every six hours during the first three days.

October 19th, 9.10 P.M. An enema without moving bowels. October 21st, bowels moved.

The medicine (fl. ex. dig.) discontinued, the patient taking quite a good amount of nourishment, beef-tea, chicken broth, and some milk, but not much, and taking the beef-tea more as a medicine, and not that she relished it.

Stitches were removed, and the wound closed mostly by first intention, excepting a small pocket of stitch-hole abscess.

From this time the patient went on to a nice recovery, she slept very well, but not soundly.

On the twelfth day she stepped from one bed to another without any serious results, although permission was not given her. She left the hospital November 8th, 1884, in very good health, and at the present time is doing well.

The temperature varied between 99°–102°. Pulse 140 after operation, gradually getting down to normal.

Case II.—*Ovarian Cyst—Recovery.* E. J.; age 62; married. Residence, Whitehall, N. Y. Brought to my office (through the kindness of Dr. Holcombe) for examination and diagnosis ten days previous to entrance to hospital.

Enlargement began in left side. She had been troubled for about one year; from the first the tumor had been increasing in size, but had never been tapped. Had had only one child, still living.

Her father died of typhoid fever, her mother of old age, and a sister of dropsy. Had two sisters and one brother living. Family history good. No history of tumor nor of a tubercular diathesis. She entered the hospital November 5th in very good health, and on November 6th the operation was performed, patient having been prepared as the previous one. I was assisted by Drs. Boyd, Ward, Snow, and Hailes, and my two medical students. There were no adhesions, and the operation was done in thirty-five minutes; tumor weighing twenty-five pounds; good pedicle, and secured in the same manner as the preceding case. Patient was then put to bed, and every precaution taken against chills. There was very little nausea and no vomiting. Temperature was taken every six hours, and at no time was it very high. The pulse was somewhat accelerated. Fl. ex. dig. was administered in ½-drop doses with the desired effect.

A hypodermic ¼ gr. morphine was given at 2 P.M., and after that every six hours during the first two days, and then not so often.

She drank some milk in the afternoon, and during her entire sickness it was her principal nourishment. Beef-tea, broths, toast, etc., were given.

On the fifth day, the stitches were removed, the wound healing, except at one point, by first intention.

Her bowels moved on the sixth day by the use of enemas and sulphate of magnesia (30 grs.) every hour. Four doses given. From this time on, the case went along very nicely. One-grain doses of quinine were given her three times a day.

During the first three days her urine was drawn, but after that she did not have so much trouble. She made a very rapid recovery, leaving the hospital November 26th, 1884, cured.

I have since heard from her as being in good health. Temperature and pulse scarcely varied from normal.

CASE III.—*Double Hydro-salpinx—Removal of Uterine Appendages—Recovery.* Mrs. A., aged 34. No children. Patient of Dr. D. C. Case, of Slingerlands, N. Y., who had previously made the diagnosis of hydrosalpinx. Had been an invalid for the past eight years, at the beginning of which she injured herself by lifting some heavy article of furniture, feeling great pain at the time in the inguinal region. About four years ago, she had a sudden gush of fluid from the vagina. Menstruation quite regular, but very painful and prolonged, so that she seldom had more than a week's rest out of the four.

Patient was operated on November 21st, 1884, in the same manner as previously described, the operation lasting about an hour, as the adhesions were so great about the appendages. The incision was about three and one-half inches long in the median line. The abdominal walls were found to be an inch and one-half in thickness. Numerous small vessels were cut, and one on the right side in subperitoneal layer was ligated, the ligature cut short, and left in in the hope that it might encyst. An examination showed a cystic degeneration of the right ovary. The Fallopian tubes were greatly enlarged, and a fibroid of the uterus, about the size of a hickory nut, was also found in the fundus. Both of the ovaries and the greater portion of the tubes were removed, the stumps secured by the Tait knot, and left in the abdominal cavity; the parts were sponged out, and the wound closed by five deep and three superficial sutures. The patient was then sponged off, and put to bed with hot-water cans at her feet. She came out from under the influence of the ether well.

Patient from this time made a good convalescence, abscess from deep ligature healing slowly. In every respect is greatly improved, and has not felt so well in years. Temperature and pulse almost normal during recovery.

CASE IV.—*Uterine Myoma—Unsuccessful Attempt at Removal of Uterine Appendages—Recovery.* Jane H., colored; single; aged 56. Has been an invalid for the past twelve years. Has had great pain at each menstrual period, and excessive hemorrhages. Both Dr. Van Vranken, of West Troy, and myself have tried for a period of three years every form of treatment, without any permanent good resulting.

This case is fully reported by Mr. Tait in his clinical lecture at the Albany Hospital, Sept. 10th, 1884.

To prevent her sufferings, and, in fact, to save life, I decided to attempt removal of the appendages. Operated Nov. 28th, 1884, assisted by Drs. Perry, M. J. Lewi, and Babcock, three of my medical students also being present. Operation lasted fifty minutes. An incision was made in the median line about three inches long. The abdominal walls were thin. The uterus, tubes, and ovaries were found to be bound down by such firm adhesions that it was not thought best to go on with the operation; in fact, it could not be continued. The pelvic cavity was carefully sponged out, and the wound closed by five deep and one superficial sutures. Patient came out from ether well, with some slight vomiting. The wound was dressed with the Gamgee pads, and the patient

put to bed, with hot water cans to her feet. At 12.30 she had a slight chill, lasting about half an hour. Was given half an ounce of brandy in water. Temperature and pulse did not vary much from normal. Patient when well was told result of operation without bad effect. Singular to report, she has had no hemorrhage from the uterus, and at this time, June 1st, 1885, is thoroughly well.

In all of my operations here reported, I desire to thank Dr. Bradbury, house physician, for the skilful manner in which he gave the ether. Also Drs. Babcock and King, assistant house physicians, and medical student Larkins, for care and attention to patients.

Case V.—*Abdominal Section—Firm Adhesions—Unsuccessful Attempt at Removal of Appendages—Death.* Mrs. J. G. R., aged 43; married. First child born one and a half years after marriage. Died at birth. Mrs. R. had convulsions at the time and was partly unconscious for nearly three weeks. Mind was not fully restored in one year. Had albuminuria. Second child now 17 years old. At its birth, Mrs. R. had two or three convulsions. Instruments used. Nursed babe one year. Did well. Following this she had two miscarriages—three months—about two or three years apart.

After 1872, she was treated nearly three years for ulceration and retroversion. Wore many instruments.

I first saw her December 4th, 1875. She was then pregnant. Shortly after a premature delivery of seven-months' child, living twelve days, occurred. Albumin in urine. Then treated her for subinvolution, and she did nicely. March, 1877, another seven-months' child, living one-half hour. Did not recover so well from this sickness. Uterus large and sensitive. Cupping, glycerin, etc. Retroversion very decided. Pessaries used with some success. Small polypus removed from cervix. Some ulceration. Improved; became pregnant, but miscarried, three months, at Lake George, August, 1880, and came home during this. Hemorrhage frightful. Very ill. Slow recovery. Retroversion very decided, more than ever. Excessive menstruation. Menorrhagia now began. Pessaries, glycerin tampons, and everything else, except warm douches, unsuccessful.

Cellulitis, with adhesions, followed. Curette used, which did some good for a time, then all symptoms grew worse. Attacks of vomiting, pelvic peritonitis, irritable bladder, no albumin. No pessary in nearly two years. Iodine, oleates, hot water. Curette used before last period, and then better for about three months. Dr. T. G. Thomas saw her in June, 1884, and said she could only wait for change of life. Would not recommend removal of appendages or change of treatment.

Passed the summer of 1884 in much suffering, having two severe attacks of pelvic peritonitis, with much hemorrhage, about every three weeks.

She became exceedingly anxious to have Tait's operation performed, and quietly but firmly insisted upon its being done. All the dangers of the operation, regarding peritonitis from the adhesions, etc., were clearly stated to her, and yet she desired this chance for bringing her some comfort, as life was now a burden. I at last consented to operate, and did so, assisted by Drs. Ward, Townsend, and Larkins. The right ovary and tube were so bound up with adhesions that it became impossible to do anything with them. The left ovary and a portion of the tube, after great embarrassment, were removed. The roof of the pelvis was one mass of adhesions. Not much hemorrhage. Wound closed in the ordinary manner. No drainage tube.

The operation occurred January 8th, 1885, and lasted about fifty minutes. She came out from under the influence of the ether well; some slight vomiting which continued at intervals, being controlled at times for a period of twelve hours.

Temperature and pulse gradually increasing.

Jan. 10th, 11.40 A.M. Vomiting began and continued about every ten minutes until 12 o'clock, when she began to sink—cold extremities—pulse almost imperceptible. She was given hypodermics of brandy and ether every fifteen minutes until twelve doses had been given. At 4 P.M. she rallied, and at 6 P.M. seemed much easier than she had been before that day.

At 7.30 she began vomiting again, first the contents of stomach, then regurgitated bile, and continued to sink until 5 A.M. Jan. 11th, when she died.